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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Bardy

Serial No.: 09/929,243

Filed: August 13, 2001

Title: System And Method For Patient
Monitoring Using A Reference
Baseline For Use In Automated
Patient Care

Group Art Unit: 3762

Examiner: Frances P. Oropeza

Attorney Docket No.: 020.0220.US.CON

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

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INFORMATION DISCLOSURE STATEMENT

Dear Sir:

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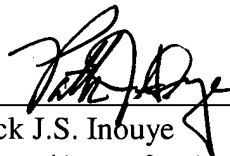
- ☐ under 37 CFR 1.97(b), or
(Within three months of filing national application; or date of entry of international application; or before mailing date of first office action on the merits; whichever occurs last)
- ☐ under 37 CFR 1.97(c) together with either a:
☐ Statement under 37 CFR 1.97(e), or
☐ a \$180.00 fee under 37 CFR 1.17(p), or
(After the CFR 1.97(b) time period, but before final action or notice of allowance, whichever occurs first)
- ☒ under 37 CFR 1.97(d) together with a:
☒ Statement under 37 CFR 1.97(e), and
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(Filed after final action or notice of allowance, whichever occurs first, but before payment of the issue fee)

☒ Applicant(s) submit herewith Form PTO 1449-Information Disclosure Citation together with copies, of patents, publications or other information of which applicant(s) are aware, which applicant(s) believe(s) may be material to the examination of this application and for which there may be a duty to disclose in accordance with 37 CFR 1.56.

The relevance of the attached references is that this is the closest art of which Applicant is aware. Applicant submits that the above references taken alone or in combination neither anticipate nor render obvious the present invention. Consideration of the foregoing in relation to this application is respectfully requested.

It is requested that the information disclosed herein be made of record in this application.

Respectfully submitted,



Patrick J.S. Inouye
Attorney/Agent for Applicant(s)
Reg. No. 40297

Date: December 11, 2003

Telephone No.: (206) 381-3900



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COMMISSIONER FOR PATENTS

P.O. Box 1450

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STATEMENT UNDER 37 CFR 1.97(e)

Sir:



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PATENT TRADEMARK OFFICE

The undersigned hereby certifies that either:

- () Each item of information contained in the Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign application, not more than three months prior to the filing of the statement, or
- (X) No item of information contained in the Information Disclosure Statement
- was cited in a communication from a foreign patent office in a counterpart foreign application, and
 - to the knowledge of the undersigned, after making reasonable inquiry, was known to an individual designated in 37 CFR 1.56 (c) more than three months prior to the filing of the Information Disclosure Statement.

Respectfully Submitted,

Bardy

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Date of Deposit: December 11, 2003

Typed Name: Larissa V. Pigott

Signature: Larissa V. Pigott

By

Patrick J.S. Houye
Attorney/Agent for Applicant(s)
Reg. No.: 40297

Date: December 11, 2003

Telephone No.: (206) 381-3900

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PTO/SB/08A (06-03)

Approved for use through 07/31/2003. OMB 0651-0031
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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Complete if Known

Application Number 09/929,243
Filing Date August 13, 2001
First Named Inventor Bardy
Art Unit 3762
Examiner Name Frances P. Oropeza
Attorney Docket Number 020.0220.US.CON

Sheet 1 of 1

U.S. PATENT DOCUMENTS

| Examiner Initials* | Cite No. ¹ | Document Number | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
|-----------------------|--------------------------|--|--------------------------------|--|---|
| | | Number - Kind Code ² (if known) | | | |
| | | US-6,290,646 | 09-18-2001 | Cosentino et al. | |
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|-----------------------|--------------------------|---|--------------------------------|--|---|----------------|
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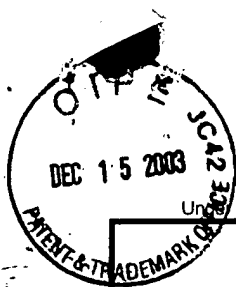
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| | | |
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| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 09/929,243 |
| | Filing Date | August 13, 2001 |
| | First Named Inventor | Bardy, Gust H. |
| | Art Unit | 3762 |
| | Examiner Name | Frances P. Oropeza |
| Total Number of Pages in This Submission | Attorney Docket Number | 020.0220.US.CON |

| ENCLOSURES (check all that apply) | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | Statement under 37 CFR 1.97(e) 1 Published Reference Postcard |
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| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | | |
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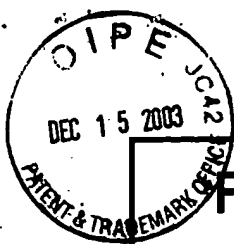
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|------------------------------------|
| Firm or Individual name | Law Offices of Patrick J.S. Inouye |
| Signature | |
| Date | December 11, 2003 |

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| Type or printed | Larissa V. Pigott | | |
| Signature | | Date | December 11, 2003 |

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| FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003. Patent fees are subject to annual revision.</small> | | Complete if Known | |
| | | Application Number | 09/929,243 |
| | | Filing Date | August 13, 2001 |
| | | First Named Inventor | Bardy |
| | | Examiner Name | Frances P. Oropeza |
| <input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27 | | Art Unit | 3762 |
| TOTAL AMOUNT OF PAYMENT | | Attorney Docket No. | 020.0220.US.CON |
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| METHOD OF PAYMENT (check all that apply) | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------|---|--------------|---|----------|-----------------|----------|------|------|--------------------|-------|------------------------|--|------|------|-----|-----|-----------------------------------|--|------|------|-----|-----|---------------------------------------|--|------|------|-----|-----|---|--|------|------|-----|----|---|--|--|--|--|--|
| <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None | | 3. ADDITIONAL FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Deposit Account | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deposit Account Number: 501144 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deposit Account Name: Law Offices of Patrick J.S. Inouye | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Director is authorized to: (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001</td><td>2001</td><td>770</td><td>385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>2002</td><td>340</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>2003</td><td>530</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>2004</td><td>770</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>2005</td><td>160</td><td>80</td><td>Provisional filing fee</td><td></td></tr></tbody></table> | | Large Entity | Small Entity | Fee Code | Fee (\$) | Fee Description | Fee Paid | 1001 | 2001 | 770 | 385 | Utility filing fee | | 1002 | 2002 | 340 | 170 | Design filing fee | | 1003 | 2003 | 530 | 265 | Plant filing fee | | 1004 | 2004 | 770 | 385 | Reissue filing fee | | 1005 | 2005 | 160 | 80 | Provisional filing fee | | | | | |
| Large Entity | Small Entity | Fee Code | Fee (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1001 | 2001 | 770 | 385 | Utility filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1002 | 2002 | 340 | 170 | Design filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1003 | 2003 | 530 | 265 | Plant filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1004 | 2004 | 770 | 385 | Reissue filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1005 | 2005 | 160 | 80 | Provisional filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Independent</td><td>-20**=</td><td>X</td><td></td></tr><tr><td>Multiple Dependent</td><td>-3**=</td><td>X</td><td></td></tr></tbody></table> | | Total Claims | Extra Claims | Fee from below | Fee Paid | Independent | -20**= | X | | Multiple Dependent | -3**= | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | Extra Claims | Fee from below | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent | -20**= | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent | -3**= | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1202</td><td>2202</td><td>18</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>2201</td><td>86</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>2203</td><td>290</td><td>145</td><td>Multiple dependent claim; if not paid</td><td></td></tr><tr><td>1204</td><td>2204</td><td>86</td><td>43</td><td>**Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>2205</td><td>18</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> | | Large Entity | Small Entity | Fee Code | Fee (\$) | Fee Description | Fee Paid | 1202 | 2202 | 18 | 9 | Claims in excess of 20 | | 1201 | 2201 | 86 | 43 | Independent claims in excess of 3 | | 1203 | 2203 | 290 | 145 | Multiple dependent claim; if not paid | | 1204 | 2204 | 86 | 43 | **Reissue independent claims over original patent | | 1205 | 2205 | 18 | 9 | **Reissue claims in excess of 20 and over original patent | | | | | |
| Large Entity | Small Entity | Fee Code | Fee (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1202 | 2202 | 18 | 9 | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1201 | 2201 | 86 | 43 | Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1203 | 2203 | 290 | 145 | Multiple dependent claim; if not paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1204 | 2204 | 86 | 43 | **Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1205 | 2205 | 18 | 9 | **Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (2) (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ** or number previously paid, if greater; For Reissues, see above | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Other fee (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Reduced by Basic Filing Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | SUBTOTAL (3) (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | \$ 180 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---------------------|---------------------|-----------------------------------|-------------------|
| SUBMITTED BY | | Complete (if applicable) | |
| Name (Print/Type) | Patrick J.S. Inouye | Registration No. (Attorney/Agent) | 40297 |
| Signature | | Telephone | (206) 381-3900 |
| | | Date | December 11, 2003 |

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